

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 TIM RYAN FOR CONGRESS

ADDRESS (number and street) 337 Vienna Avenue Suite 1 Niles OH 44446 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00373464 3. IS THIS REPORT NEW (N) OR AMENDED (A) OH 13

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 04/01/2015 through MM/DD/YYYY 06/30/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Allen Ryan

Signature of Treasurer Allen Ryan [Electronically Filed] Date MM/DD/YYYY 07/15/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TIM RYAN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	87776.60	196140.10
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	87776.60	191640.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	94843.83	271780.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	697.26	799.04
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	94146.57	270981.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	351115.38	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TIM RYAN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49900.00	104100.00
(ii) Unitemized.....	3692.50	6831.00
(iii) TOTAL of contributions from individuals ▶	53592.50	110931.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	34184.10	85209.10
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	87776.60	196140.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	697.26	799.04
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	88473.86	196939.14

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	94843.83	271780.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4500.00
21. OTHER DISBURSEMENTS .....	900.00	1500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	95743.83	277780.45

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	358385.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	88473.86
25. SUBTOTAL (add Line 23 and Line 24).....	446859.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95743.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	351115.38

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Pamela E. Kanfer**

Mailing Address 4445 Everett Rd

City Richfield State OH Zip Code 44286-9536

FEC ID number of contributing federal political committee. **C**

Name of Employer Go-Jo Industries Occupation Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10406800**

Amount of Each Receipt this Period  
 2700.00

5400.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Licata**

Mailing Address 1585 Frederick Blvd

City Akron State OH Zip Code 44320-4000

FEC ID number of contributing federal political committee. **C**

Name of Employer LRC Realty Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015

**Transaction ID : C10391060**

Amount of Each Receipt this Period  
 500.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas J. Dillon**

Mailing Address 733 W Market St

City Akron State OH Zip Code 44303-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Executive Properties Occupation President/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : C10391350**

Amount of Each Receipt this Period  
 1000.00

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Louis G. Berroteran**

Mailing Address 2880 Cranbrooke Dr

City Silver Lake State OH Zip Code 44224-3829

FEC ID number of contributing federal political committee. **C**

Name of Employer Berroteran Co. Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10409570**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Pamela E. Kanfer**

Mailing Address 4445 Everett Rd

City Richfield State OH Zip Code 44286-9536

FEC ID number of contributing federal political committee. **C**

Name of Employer Go-Jo Industries Occupation Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10406801**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Carolyn A. Hobson**

Mailing Address PO Box 2691

City Springfield State OH Zip Code 45501-2691

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400551**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Tudor Jones II**

Mailing Address 92 Harbor Dr

City State Zip Code  
Greenwich CT 06830-7018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tudor Investment Corporation Co-Chairman & CIO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : C10391351**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles Gerhardt**

Mailing Address 700 Walnut St  
Ste 450

City State Zip Code  
Cincinnati OH 45202-2011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
government strategies group consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : C10396651**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark Mallory**

Mailing Address 907 Dayton St

City State Zip Code  
Cincinnati OH 45214-2137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self employed consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2015

**Transaction ID : C10378431**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 91  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas Polk**

Mailing Address 15615 Azalea Shores Drive

City Houston State TX Zip Code 77070

FEC ID number of contributing federal political committee. **C**

Name of Employer Vallourec USA Occupation VP Industry Affairs

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : C10397801**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Carolyn A. Hobson**

Mailing Address PO Box 2691

City Springfield State OH Zip Code 45501-2691

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10406802**

Amount of Each Receipt this Period  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul Tudor Jones II**

Mailing Address 92 Harbor Dr

City Greenwich State CT Zip Code 06830-7018

FEC ID number of contributing federal political committee. **C**

Name of Employer Tudor Investment Corporation Occupation Co-Chairman & CIO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : C10391352**

Amount of Each Receipt this Period  
 2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3200.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John P. Gilligan**

Mailing Address 1420 Castleton Rd N

City Columbus State OH Zip Code 43220-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer Ice Miller Strategies LLC Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400553**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul N. Thomarios**

Mailing Address 1 Canal Square Plz

City Akron State OH Zip Code 44308-1037

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation CONTRACTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2015

**Transaction ID : C10380553**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Margaret Mathna**

Mailing Address 2 Bratenahl Pl  
3D

City Bratenahl State OH Zip Code 44108-1182

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : C10398743**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Geraldine B. Warner**

Mailing Address 8880 Old Indian Hill Rd

City State Zip Code  
Cincinnati OH 45243-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
n/a retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400554**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Bahman Taheri Ph.D.**

Mailing Address 3256 Lansmere Rd

City State Zip Code  
Shaker Heights OH 44122-3404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AlphaMicron Inc. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10396714**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Sonia M. Jones**

Mailing Address 92 Harbor Dr

City State Zip Code  
Greenwich CT 06830-7018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self business owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : C10391354**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Hersha**

Mailing Address 3179 Dunlavin Glen Rd.

City Columbus State OH Zip Code 43221-4419

FEC ID number of contributing federal political committee. **C**

Name of Employer United Art & Education, Inc. Occupation Senior Associate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

**Transaction ID : C10398514**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dean DePerro**

Mailing Address 503 Overlook Drive

City Kent State OH Zip Code 44240

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : C10389094**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Natalie A. Mondary MD**

Mailing Address 8637 Hidden Hills Dr SE

City Warren State OH Zip Code 44484-3025

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400555**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 91  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sonia M. Jones**

Mailing Address 92 Harbor Dr

City State Zip Code  
Greenwich CT 06830-7018

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation business owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : C10391355**

Amount of Each Receipt this Period  
 2700.00

5400.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Ruby**

Mailing Address 3656 Sparrow Pond Cir

City State Zip Code  
Akron OH 44333-1770

FEC ID number of contributing federal political committee. **C**

Name of Employer AREA AGENCY ON AGING Occupation PRESIDENT & CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400556**

Amount of Each Receipt this Period  
 500.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph S. Kanfer**

Mailing Address 4445 Everett Rd

City State Zip Code  
Richfield OH 44286-9536

FEC ID number of contributing federal political committee. **C**

Name of Employer Go-Jo Industries Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10406796**

Amount of Each Receipt this Period  
 2700.00

5400.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ann McAllister**

Mailing Address 3039 Albemarle St NW

City Washington State DC Zip Code 20008-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 18 / 2015

**Transaction ID : C10391386**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Anne Walsh**

Mailing Address 3538 Narragansett Ave

City Annapolis State MD Zip Code 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer Walsh Capitol Consulting LLC Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 03 / 2015

**Transaction ID : C10394376**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Kunstel**

Mailing Address 131 Seaborn Dr

City Willowick State OH Zip Code 44095-4620

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400557**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph S. Kanfer**

Mailing Address 4445 Everett Rd

City Richfield State OH Zip Code 44286-9536

FEC ID number of contributing federal political committee. **C**

Name of Employer Go-Jo Industries Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10406797**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Martin H. Belsky**

Mailing Address 344 Village Pointe Dr  
Apt A

City Akron State OH Zip Code 44313-7470

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Akron Occupation Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015

**Transaction ID : C10394387**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephen A. Comunale**

Mailing Address 2300 Sourek Trl

City Akron State OH Zip Code 44313-4758

FEC ID number of contributing federal political committee. **C**

Name of Employer SA Comunale Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400528**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 4200.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 15 OF 91

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Hamilton**

Mailing Address 738 Dominion Dr

City Kent State OH Zip Code 44240-5016

FEC ID number of contributing federal political committee. **C**

Name of Employer Singleton Reels Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400548**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Rosemary Pritzker**

Mailing Address 147 Waverly Pl Apt 5W

City New York State NY Zip Code 10014-3811

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation photographer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : C10397778**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**James W. Ritter**

Mailing Address 2324 Madison Rd Apt 209

City Cincinnati State OH Zip Code 45208-2673

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consulting

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015

**Transaction ID : C10394378**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ralph J. Palmisano**

Mailing Address 4019 Hedgewood Dr

City State Zip Code  
Medina OH 44256-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Evanchen & Palmisano Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : C10400549**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul DeMarco**

Mailing Address 400 Pike St  
Unit 520

City State Zip Code  
Cincinnati OH 45202-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Markovits, Stock & DeMarco, LLC Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : C10396609**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Anthony S. Manna Esq.**

Mailing Address 75 E Market St  
The Carnegie Bldg

City State Zip Code  
Akron OH 44308-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brennan Manna Diamond LLC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : C10391349**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6400.00

49900.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 91  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE KROGER CO. POLITICAL ACTION COMMITTEE**

Mailing Address 1014 VINE STREET

City State Zip Code  
CINCINNATI OH 45202

FEC ID number of contributing federal political committee. **C C00059238**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400570**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)**

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City State Zip Code  
NORTH OLMSTED OH 44070

FEC ID number of contributing federal political committee. **C C00001636**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : C10391360**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**OHIO NATIONAL FINANCIAL SERVICES POLITICAL ACTION COMMITTEE**

Mailing Address ONE FINANCIAL WAY

City State Zip Code  
CINCINNATI OH 45242

FEC ID number of contributing federal political committee. **C C00296657**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400571**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 91  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FIFTH THIRD BANCORP POLITICAL ACTION COMMITTEE**

Mailing Address 550 E. WALNUT ST

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C C00290502**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6234.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10398311**

Amount of Each Receipt this Period  
1234.10

\* In-Kind: Fundraising/Catering

**B.** Full Name (Last, First, Middle Initial)  
**PETROLEUM MARKETERS ASSOCIATION OF AMERICAN SMALL BUSINESS COMMITTEE**

Mailing Address 1901 NORTH FORT MYER DRIVE  
SUITE 500

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C C00035204**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10409571**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CINCINNATUS PAC**

Mailing Address 225 W COURT STREET

City State Zip Code  
CINCINNATI OH 45202

FEC ID number of contributing federal political committee. **C C00574228**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400572**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2734.10

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)**

Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10409572**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Committee to Re-Elect Debbie Lieberman**

Mailing Address 161 Huffman Ave.

City State Zip Code  
Dayton OH 45403-1915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400523**

Amount of Each Receipt this Period  
250.00

Permissible Funds

**C.** Full Name (Last, First, Middle Initial)  
**FIFTH THIRD BANCORP POLITICAL ACTION COMMITTEE**

Mailing Address 550 E. WALNUT ST

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C C00290502**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6234.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400573**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHENIERE ENERGY, INC. PAC**

Mailing Address 1455 PENNSYLVANIA AVE, N.W.  
SUITE 550

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00430157**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10409573**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE**

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : C10409793**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**CINCINNATI BELL INC FEDERAL PAC**

Mailing Address 221 E FOURTH STREET (103-1170)

City CINCINNATI State OH Zip Code 45202

FEC ID number of contributing federal political committee. **C C00087478**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400564**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 91  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400574**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTHERN PAC)

Mailing Address 400 BROADWAY

City State Zip Code  
CINCINNATI OH 45202

FEC ID number of contributing federal political committee. **C C00258228**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400565**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ROETZEL & ANDRESS CO, LPA FSL PAC**

Mailing Address 222 S. MAIN STREET

City State Zip Code  
AKRON OH 44308

FEC ID number of contributing federal political committee. **C C00228379**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400575**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AK STEEL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 9227 CENTRE POINTE DRIVE

City WEST CHESTER State OH Zip Code 45069

FEC ID number of contributing federal political committee. **C** C00290973

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : C10406805**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**ICE MILLER PAC**

Mailing Address ONE AMERICAN SQUARE SUITE 2900

City INDIANAPOLIS State IN Zip Code 46282

FEC ID number of contributing federal political committee. **C** C00520973

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400566**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Friends Of Russ Pry**

Mailing Address 554 Weber Ave

City Akron State OH Zip Code 44303-1827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400546**

Amount of Each Receipt this Period  
 200.00

Permissible Funds

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 91  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Carpenters Local 285 PCE**

Mailing Address 47 Alice Dr.

City Akron State OH Zip Code 44319

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10403776**

Amount of Each Receipt this Period  
 500.00

Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400567**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONWIDE MUTUAL INSURANCE COMPANY FINANCIAL & INVESTMENTS POLITICAL ACTION COMMITTEE**

Mailing Address ONE NATIONWIDE PLAZA, 1-32-301

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00406215

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400577**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
WESTFIELD FEDERAL EMPLOYEE POLITICAL ACTION COMMITTEE OF OHIO FARMERS INSURANCE COMPANY

**A.** Mailing Address ONE PARK CIRCLE  
P.O. BOX 5001

City WESTFIELD CENTER State OH Zip Code 44251

FEC ID number of contributing federal political committee. **C** C00376863

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : C10391357**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

**B.** Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2015

**Transaction ID : C10379598**

Amount of Each Receipt this Period  
 2000.00

Full Name (Last, First, Middle Initial)  
VSS&P FEDPAC

**C.** Mailing Address 52 E. GAY STREET  
P.O. BOX 1008

City COLUMBUS State OH Zip Code 43216

FEC ID number of contributing federal political committee. **C** C00220764

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : C10400568**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 91  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VSS&P FEDPAC**

Mailing Address **52 E. GAY STREET**  
**P.O. BOX 1008**

City **COLUMBUS** State **OH** Zip Code **43216**

FEC ID number of contributing federal political committee. **C C00220764**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 08 / 2015**

**Transaction ID : C10400569**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION**

Mailing Address **5000 WEST SIDE AVENUE**

City **NORTH BERGEN** State **NJ** Zip Code **07047**

FEC ID number of contributing federal political committee. **C C00158576**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**04 / 29 / 2015**

**Transaction ID : C10379599**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**THE GOODYEAR TIRE & RUBBER COMPANY GOOD GOVERNMENT FUND (GOODYEAR GOOD GOVERNMENT FUND)**

Mailing Address **200 INNOVATION WAY**

City **AKRON** State **OH** Zip Code **44316**

FEC ID number of contributing federal political committee. **C C00100131**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 29 / 2015**

**Transaction ID : C10406809**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 91  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPPAC)

Mailing Address 300 M STREET S.E.  
SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00325092

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : C10391359**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

34184.10

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ohio Department of Taxation**

Mailing Address **PO Box 530**

City **Columbus** State **OH** Zip Code **43216-0530**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **697.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2015**

**Transaction ID : C10410763**

Amount of Each Receipt this Period  
**697.26**

Refund of overpayment \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**697.26**

**697.26**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 294.38 <b>Transaction ID : D567642</b>
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meals/Dues	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 701.13 <b>Transaction ID : D567643</b>
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meals/Dues	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 626.65 <b>Transaction ID : D567644</b>
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meals/Dues	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1622.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Fraioli &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3259.88 <b>Transaction ID : D567645</b>
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Fundraising consulting fee and expenses	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fraioli &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3250.00 <b>Transaction ID : D567646</b>
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Fundraising consulting fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Fraioli &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 3388.00 <b>Transaction ID : D567647</b>
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Fundraising consulting fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9897.88
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. City of Niles, Ohio</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address 34 W State St		Amount of Each Disbursement this Period 333.77 <b>Transaction ID : D567657</b>
City Niles	State OH Zip Code 44446-5036	
Purpose of Disbursement Utilities	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. City of Niles, Ohio</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015
Mailing Address 34 W State St		Amount of Each Disbursement this Period 137.54 <b>Transaction ID : D567658</b>
City Niles	State OH Zip Code 44446-5036	
Purpose of Disbursement Utilities	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 29.79 <b>Transaction ID : D567677</b>
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	501.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. FIFTH THIRD BANCORP POLITICAL ACTION COMMITTEE**

Mailing Address 550 E. WALNUT ST

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement Fundraising/Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 08 / 2015

Amount of Each Disbursement this Period: 1234.10

Transaction ID : D566221

\* In-Kind Received

Full Name (Last, First, Middle Initial)  
**B. DC Department of Revenue**

Mailing Address 1101 4th Street, SW, Suite 270 Wes

City Washington State DC Zip Code 20024

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 15 / 2015

Amount of Each Disbursement this Period: 239.16

Transaction ID : D567816

Full Name (Last, First, Middle Initial)  
**c. DC Department of Revenue**

Mailing Address 1101 4th Street, SW, Suite 270 Wes

City Washington State DC Zip Code 20024

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 27 / 2015

Amount of Each Disbursement this Period: 697.00

Transaction ID : D567817

**SUBTOTAL** of Disbursements This Page (optional) ..... 2170.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DC Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 1101 4th Street, SW, Suite 270 Wes		Amount of Each Disbursement this Period 239.16 <b>Transaction ID : D567818</b>
City Washington State DC Zip Code 20024	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DC Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 1101 4th Street, SW, Suite 270 Wes		Amount of Each Disbursement this Period 239.16 <b>Transaction ID : D567819</b>
City Washington State DC Zip Code 20024	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DC Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 1101 4th Street, SW, Suite 270 Wes		Amount of Each Disbursement this Period 239.16 <b>Transaction ID : D567820</b>
City Washington State DC Zip Code 20024	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	717.48
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DC Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 1101 4th Street, SW, Suite 270 Wes		Amount of Each Disbursement this Period 239.16 <b>Transaction ID : D567821</b>
City Washington State DC Zip Code 20024	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DC Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1101 4th Street, SW, Suite 270 Wes		Amount of Each Disbursement this Period 239.16 <b>Transaction ID : D567822</b>
City Washington State DC Zip Code 20024	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Perkins Coie</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 1053.00 <b>Transaction ID : D567802</b>
City Seattle State WA Zip Code 98101-3099	Purpose of Disbursement Legal services & expenses	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1531.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 91		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Perkins Coie</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D567803</b>
City Seattle	State WA	
Zip Code 98101-3099	Purpose of Disbursement Legal services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Huntington Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address PO Box 1558		Amount of Each Disbursement this Period 111.59 <b>Transaction ID : D567806</b>
City Columbus	State OH	
Zip Code 43216-1558	Purpose of Disbursement Credit card processing fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Huntington Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2015
Mailing Address PO Box 1558		Amount of Each Disbursement this Period 199.26 <b>Transaction ID : D567807</b>
City Columbus	State OH	
Zip Code 43216-1558	Purpose of Disbursement Credit card processing fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	610.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Huntington Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO Box 1558		Amount of Each Disbursement this Period 311.50 <b>Transaction ID : D567808</b>
City Columbus	State OH Zip Code 43216-1558	
Purpose of Disbursement Credit card processing fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ravenna Gridiron Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015
Mailing Address 6589 North Chestnut Street		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : D567809</b>
City Ravenna	State OH Zip Code 44266	
Purpose of Disbursement Event sponsor		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Union Sportsmen's Alliance</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address 3340 Perimeter Hill Drive		Amount of Each Disbursement this Period 175.00 <b>Transaction ID : D567913</b>
City Nashville	State TN Zip Code 37211	
Purpose of Disbursement Event ticket		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	611.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Union Sportsmen's Alliance</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 3340 Perimeter Hill Drive		Amount of Each Disbursement this Period 7,513.50 <b>Transaction ID : D567914</b>
City Nashville	State TN Zip Code 37211	
Purpose of Disbursement Event ticket	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 1300 I Street, NW Suite 400 West		Amount of Each Disbursement this Period 4,300.00 <b>Transaction ID : D567916</b>
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Tickets for fundraising event	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Blue State Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 406 7th Street, NW 3rd Floor		Amount of Each Disbursement this Period 3,038.50 <b>Transaction ID : D567760</b>
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Website expense	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7513.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Blue State Digital</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2015
Mailing Address 406 7th Street, NW 3rd Floor			Amount of Each Disbursement this Period 1105.00 <b>Transaction ID : D567761</b>
City Washington	State DC	Zip Code 20004	
Purpose of Disbursement Website expense		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Blue State Digital</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address 406 7th Street, NW 3rd Floor			Amount of Each Disbursement this Period 1102.50 <b>Transaction ID : D567762</b>
City Washington	State DC	Zip Code 20004	
Purpose of Disbursement Website expense		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. New Media Campaigns</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 118-A East Main Street			Amount of Each Disbursement this Period 414.00 <b>Transaction ID : D567763</b>
City Carrboro	State NC	Zip Code 27510	
Purpose of Disbursement Website design/hosting		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2621.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stephen Pirigy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 <b>Transaction ID : D567692</b>
City Niles State OH Zip Code 44446-2737	Purpose of Disbursement Office rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stephen Pirigy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 724 West St		Amount of Each Disbursement this Period 685.00 <b>Transaction ID : D567693</b>
City Niles State OH Zip Code 44446-2737	Purpose of Disbursement Office rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Vindicator</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015
Mailing Address 107 Vindicator Square		Amount of Each Disbursement this Period 218.60 <b>Transaction ID : D567732</b>
City Youngstown State OH Zip Code 44503	Purpose of Disbursement Subscription	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1588.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sforza &amp; Walker Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 444 High Street NE P.O. Box 232		Amount of Each Disbursement this Period 161.08 <b>Transaction ID : D567696</b>
City Warren	State OH Zip Code 44482-0232	
Purpose of Disbursement Accounting services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Telecom, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address PO Box 14497		Amount of Each Disbursement this Period 317.28 <b>Transaction ID : D567724</b>
City Poland	State OH Zip Code 44514	
Purpose of Disbursement Telephone expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Telecom, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2015
Mailing Address PO Box 14497		Amount of Each Disbursement this Period 159.87 <b>Transaction ID : D567726</b>
City Poland	State OH Zip Code 44514	
Purpose of Disbursement Telephone expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	638.23
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 91		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Delta Telecom, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address PO Box 14497		Amount of Each Disbursement this Period 232.00 <b>Transaction ID : D567727</b>
City Poland	State OH	
Zip Code 44514	Purpose of Disbursement Telephone expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 479.61 <b>Transaction ID : D567735</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Mileage reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D567736</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1630.34
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D567737</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D567738</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D567739</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2756.19
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D567740</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Andrew Kluge</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 416 Lincoln St		Amount of Each Disbursement this Period 918.73 <b>Transaction ID : D567741</b>
City Ravenna	State OH	
Zip Code 44266-2015	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 1650.00 <b>Transaction ID : D567742</b>
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Database & Support	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3487.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 27.08 <b>Transaction ID : D567743</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 27.08 <b>Transaction ID : D567745</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 27.08 <b>Transaction ID : D567746</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	81.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 27.08 <b>Transaction ID : D567747</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 27.08 <b>Transaction ID : D567748</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 27.08 <b>Transaction ID : D567749</b>
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	81.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 91		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Harry Strawn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 1304 Niles Cortland Rd		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : D567694</b>
City Niles State OH Zip Code 44446-3514	Purpose of Disbursement Office cleaning	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harry Strawn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 1304 Niles Cortland Rd		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : D567695</b>
City Niles State OH Zip Code 44446-3514	Purpose of Disbursement Office cleaning	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D567706</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1716.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 91		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D567707</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D567708</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D567709</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4310.38
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 91		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D567710</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1436.78 <b>Transaction ID : D567711</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1827.10 <b>Transaction ID : D567713</b>
City Gaithersburg State MD Zip Code 20878	Purpose of Disbursement Administrative services/Compliance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4700.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1773.83 <b>Transaction ID : D567714</b>
City Gaithersburg State MD Zip Code 20878	Purpose of Disbursement Adminstrative services/Compliance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1805.68 <b>Transaction ID : D567715</b>
City Gaithersburg State MD Zip Code 20878	Purpose of Disbursement Adminstrative services/Compliance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shepherd's Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 5525 Silica Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D567721</b>
City Austintown State OH Zip Code 44515	Purpose of Disbursement Advertisement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3829.51
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 546.16 <b>Transaction ID : D567782</b>
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Travel expenses	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2475.24 <b>Transaction ID : D567783</b>
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2475.24 <b>Transaction ID : D567784</b>
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5496.64
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Kaplan</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 2475.24 <b>Transaction ID : D567785</b>
City Washington	State DC	Zip Code 20003-1911	
Purpose of Disbursement Salary		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Matthew Kaplan</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 2475.24 <b>Transaction ID : D567786</b>
City Washington	State DC	Zip Code 20003-1911	
Purpose of Disbursement Salary		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Matthew Kaplan</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2015
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 71.20 <b>Transaction ID : D567787</b>
City Washington	State DC	Zip Code 20003-1911	
Purpose of Disbursement Mileage reimbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5021.68
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Kaplan</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2015		
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 490.77		
City Washington	State DC	Zip Code 20003-1911	Transaction ID : D567788		
Purpose of Disbursement Mileage, tolls, meals (none over \$200)		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Matthew Kaplan</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015		
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 90.13		
City Washington	State DC	Zip Code 20003-1911	Transaction ID : D567789		
Purpose of Disbursement Mileage, tolls, meals (none over \$200)		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Matthew Kaplan</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015		
Mailing Address 215 C St SE Apt 207			Amount of Each Disbursement this Period 269.65		
City Washington	State DC	Zip Code 20003-1911	Transaction ID : D567790		
Purpose of Disbursement Mileage, tolls, meals (none over \$200)		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.55
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2475.24 <b>Transaction ID : D567791</b>
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matthew Kaplan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 215 C St SE Apt 207		Amount of Each Disbursement this Period 2475.24 <b>Transaction ID : D567792</b>
City Washington State DC Zip Code 20003-1911	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Crosby Mook Office Equipment</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 558 High St NE		Amount of Each Disbursement this Period 318.57 <b>Transaction ID : D567639</b>
City Warren State OH Zip Code 44483-5892	Purpose of Disbursement Office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5269.05
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 91
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Timothy J. Ryan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 560 Amber Dr SE		Amount of Each Disbursement this Period 261.97 <b>Transaction ID : D567907</b>
City Warren	State OH	
Zip Code 44484-5812	Purpose of Disbursement Mileage reimbursement	Category/ Type
Candidate Name Timothy J Ryan	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 17	

Full Name (Last, First, Middle Initial) <b>B. Fogo De Chao Fogo</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 1101 Pennsylvania Ave NW		Amount of Each Disbursement this Period 377.15 <b>Transaction ID : D567884</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Meal	Category/ Type
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 14704.73 <b>Transaction ID : D567679</b>
City Fort Lauderdale	State FL	
Zip Code 33329-7812	Purpose of Disbursement Credit card (see below if itemized)	Category/ Type
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14966.70
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 130.39
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meal	Transaction ID : D567640 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 36.63
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meal	Transaction ID : D567641 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 885.60
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Travel/Airfare	Transaction ID : D567649 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 563.10
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel/Airfare	Transaction ID : <b>D567650</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 13.82
City Warren	State OH	
Zip Code 44481	Purpose of Disbursement Office supplies	Transaction ID : <b>D567651</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 11.98
City Warren	State OH	
Zip Code 44481	Purpose of Disbursement Office supplies	Transaction ID : <b>D567652</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 12.94
City Warren	State OH Zip Code 44481	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : D567653
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 165.00
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Travel/Airfare	Candidate Name	Transaction ID : D567659
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 105.00
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Travel/Airfare	Candidate Name	Transaction ID : D567660
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 75.00
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D567661
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 612.10
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Travel/Airfare	Transaction ID : D567662
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 8.99
City Elk Grove Village	State IL	
Zip Code 60007	Purpose of Disbursement Meal	Transaction ID : D567663
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 91		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 25.00
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Travel/Airfare	Category/Type	Transaction ID : D567664 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1200 E. Algonquin Rd		Amount of Each Disbursement this Period 25.00
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement Travel/Airfare	Category/Type	Transaction ID : D567665 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 19.60
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D567666 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 7.74
City Niles	State OH	
Zip Code 44446		
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 53.39
City Atlanta	State GA	
Zip Code 30328-3474		
Purpose of Disbursement Shipping		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2015
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 56.31
City Atlanta	State GA	
Zip Code 30328-3474		
Purpose of Disbursement Shipping		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cava</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 527 8th Street SE		Amount of Each Disbursement this Period 1820.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising/Catering	Transaction ID : D567877
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cava</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 527 8th Street SE		Amount of Each Disbursement this Period 43.25
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal	Transaction ID : D567878
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Virgin America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 555 Airport Blvd.,		Amount of Each Disbursement this Period 8.50
City Burlingame	State CA	
Zip Code 94010	Purpose of Disbursement Meal	Transaction ID : D567804
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

**A. Facebook Advertising**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 S. California Ave

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement Website advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 03 / 2015

Amount of Each Disbursement this Period: 189.23

Transaction ID : D567764

[MEMO ITEM]

**B. Harlow**

Full Name (Last, First, Middle Initial)  
Mailing Address 111 E 56TH ST NEW YORK, NY

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement Travel/Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 03 / 2015

Amount of Each Disbursement this Period: 356.68

Transaction ID : D567886

[MEMO ITEM]

**c. Staples**

Full Name (Last, First, Middle Initial)  
Mailing Address 6004 Youngstown Rd

City Niles State OH Zip Code 44446

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 03 / 2015

Amount of Each Disbursement this Period: 26.99

Transaction ID : D567682

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 18.49
City Niles	State OH	
Zip Code 44446		
Purpose of Disbursement Office supplies		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Godaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 14455 N. Hayden Rd., Ste. 226		Amount of Each Disbursement this Period 28.16
City Scottsdale	State AZ	
Zip Code 85260		
Purpose of Disbursement Website expense		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Hilton Hotel New York</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 234 West 42nd Street		Amount of Each Disbursement this Period 624.34
City New York	State NY	
Zip Code 10036		
Purpose of Disbursement Travel/Lodging		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 158.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Train	Transaction ID : D567733
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 169.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel/Train	Transaction ID : D567734
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Telecom, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address PO Box 14497		Amount of Each Disbursement this Period 156.13
City Poland	State OH	
Zip Code 44514	Purpose of Disbursement Telephone expense	Transaction ID : D567725
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Onstar</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address P.O. Box 0217		Amount of Each Disbursement this Period 29.90
City Troy	State MI	
Zip Code 48099	Purpose of Disbursement Telephone expense	Transaction ID : D567728
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 310 W. Wisconsin Avenue		Amount of Each Disbursement this Period 73.47
City Milwaukee	State WI	
Zip Code 53203	Purpose of Disbursement Travel/Car rental	Transaction ID : D567723
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. San Francisco Marriott Marquis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 780 Mission Street		Amount of Each Disbursement this Period 646.52
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Travel/Lodging	Transaction ID : D567794
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. San Francisco Marriott Marquis</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015		
Mailing Address 780 Mission Street			Amount of Each Disbursement this Period 13.25		
City San Francisco	State CA	Zip Code 94103	Transaction ID : D567795  [MEMO ITEM]		
Purpose of Disbursement Travel/Lodging		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. San Francisco Marriott Marquis</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015		
Mailing Address 780 Mission Street			Amount of Each Disbursement this Period 13.20		
City San Francisco	State CA	Zip Code 94103	Transaction ID : D567796  [MEMO ITEM]		
Purpose of Disbursement Travel/Lodging		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. San Francisco Marriott Marquis</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015		
Mailing Address 780 Mission Street			Amount of Each Disbursement this Period 1075.82		
City San Francisco	State CA	Zip Code 94103	Transaction ID : D567797  [MEMO ITEM]		
Purpose of Disbursement Travel/Lodging		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Edible Arrangements</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 95 Barnes Rd		Amount of Each Disbursement this Period 72.97
City Wallingford	State CT	
Zip Code 06492-1800		
Purpose of Disbursement Gifts for supporters		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Adobe Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 345 Park Avenue		Amount of Each Disbursement this Period 21.34
City San Jose	State CA	
Zip Code 95110		
Purpose of Disbursement Office supplies		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Adobe Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 345 Park Avenue		Amount of Each Disbursement this Period 53.36
City San Jose	State CA	
Zip Code 95110		
Purpose of Disbursement Office supplies		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bottega Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 6525 Washington St		Amount of Each Disbursement this Period 527.76
City Yountville	State CA Zip Code 94599	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D567832
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567838
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 36.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567839
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 16.75
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567840
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 73.56
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567841
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 20.07
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567842
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 89.08
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567843
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 91.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567844
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 27.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567845
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 32.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : D567846	
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Uber</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : D567847	
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Uber</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 6.10	
City San Francisco	State CA	Zip Code 94105	Transaction ID : D567848	
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 37.45
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Category/Type	<b>Transaction ID : D567849</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 41.20
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Category/Type	<b>Transaction ID : D567850</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 41.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Category/Type	<b>Transaction ID : D567851</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 57.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Category/Type	<b>Transaction ID : D567852</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 30.67
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Category/Type	<b>Transaction ID : D567853</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 43.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Category/Type	<b>Transaction ID : D567854</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 29.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567855
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 67.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567856
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 58.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi	Candidate Name	Transaction ID : D567857
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 78.00
City San Francisco	State CA	
Purpose of Disbursement Taxi	Zip Code 94105	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 10.06
City San Francisco	State CA	
Purpose of Disbursement Taxi	Zip Code 94105	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 11.64
City San Francisco	State CA	
Purpose of Disbursement Taxi	Zip Code 94105	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 13.06
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D567861
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D567862
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 25.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D567863
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 16.01
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi	Transaction ID : D567864
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 248.85
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Gifts for supporters	Transaction ID : D567698
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tiger Eye Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1000 Progress St		Amount of Each Disbursement this Period 1556.31
City Greenville	State OH	
Zip Code 45331	Purpose of Disbursement Printing expense	Transaction ID : D567703
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tiger Eye Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1000 Progress St		Amount of Each Disbursement this Period 564.78
City Greenville	State OH Zip Code 45331	
Purpose of Disbursement Printing expense	Candidate Name	Transaction ID : D567704
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address PO Box 0901		Amount of Each Disbursement this Period 481.60
City Carol Stream	State IL Zip Code 60132-0901	
Purpose of Disbursement Internet/Cable	Candidate Name	Transaction ID : D567705
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 4105.67
City Fort Lauderdale	State FL Zip Code 33329-7812	
Purpose of Disbursement Credit card (see below if itemized)	Candidate Name	Transaction ID : D567680
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4105.67
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 13.98
City Warren	State OH Zip Code 44481	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : D567654
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 167.30
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : D567668
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 43 W. Park Avenue		Amount of Each Disbursement this Period 14.69
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : D567669
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 171.50
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Candidate Name	Transaction ID : D567675
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Facebook Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 1601 S. California Ave		Amount of Each Disbursement this Period 261.58
City Palo Alto	State CA Zip Code 94304	
Purpose of Disbursement Website advertising	Candidate Name	Transaction ID : D567765
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Hampton Inn &amp; Suites Columbus</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 501 N High St,		Amount of Each Disbursement this Period 260.83
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Travel/Lodging	Candidate Name	Transaction ID : D567885
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Onstar</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address P.O. Box 0217		Amount of Each Disbursement this Period 29.90
City Troy	State MI	
Zip Code 48099		
Purpose of Disbursement Telephone expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Reese Floral Art</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 49 Vienna Ave.		Amount of Each Disbursement this Period 124.90
City Niles	State OH	
Zip Code 44446		
Purpose of Disbursement Flowers		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Reese Floral Art</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 49 Vienna Ave.		Amount of Each Disbursement this Period 60.85
City Niles	State OH	
Zip Code 44446		
Purpose of Disbursement Flowers		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ohio Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address PO Box 530		Amount of Each Disbursement this Period 21.27
City Columbus	State OH	
Zip Code 43216-0530	Purpose of Disbursement Payroll taxes	Transaction ID : D567744 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adobe Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 345 Park Avenue		Amount of Each Disbursement this Period 53.36
City San Jose	State CA	
Zip Code 95110	Purpose of Disbursement Office supplies	Transaction ID : D567830 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Davis Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 101 ROBINSON AVE		Amount of Each Disbursement this Period 668.25
City BARBERTON	State OH	
Zip Code 44203	Purpose of Disbursement Printing expense	Transaction ID : D567833 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 4.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : D567865	
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Uber</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 15.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : D567866	
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Uber</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 15.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : D567867	
Purpose of Disbursement Taxi		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.00
City San Francisco	State CA	
Purpose of Disbursement Taxi	Zip Code 94105	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.00
City San Francisco	State CA	
Purpose of Disbursement Taxi	Zip Code 94105	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 11.86
City San Francisco	State CA	
Purpose of Disbursement Taxi	Zip Code 94105	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 1123.25
City Carol Stream	State IL	
Zip Code 60197-6416		
Purpose of Disbursement Telephone expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 88.80
City Washington	State DC	
Zip Code 20515		
Purpose of Disbursement Gifts for supporters		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address PO Box 297812		Amount of Each Disbursement this Period 4687.24
City Fort Lauderdale	State FL	
Zip Code 33329-7812		
Purpose of Disbursement Credit card (see below if itemized)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4687.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Giant Eagle</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 2061 Elm Road		Amount of Each Disbursement this Period 24.47
City Warren	State OH Zip Code 44481	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : D567655
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 55 Glenlake Pkwy NE		Amount of Each Disbursement this Period 86.51
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Shipping	Candidate Name	Transaction ID : D567676
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Panera Bread Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 3461 Elm Road		Amount of Each Disbursement this Period 78.36
City Warren	State OH Zip Code 44483	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D567678
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 17.90
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D567684
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 16.98
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D567685
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 6004 Youngstown Rd		Amount of Each Disbursement this Period 28.43
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Office supplies	Transaction ID : D567686
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Onstar</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address P.O. Box 0217		Amount of Each Disbursement this Period 29.90
City Troy	State MI	
Zip Code 48099	Purpose of Disbursement Telephone expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Reese Floral Art</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 49 Vienna Ave.		Amount of Each Disbursement this Period 323.48
City Niles	State OH	
Zip Code 44446	Purpose of Disbursement Flowers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Adobe Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 345 Park Avenue		Amount of Each Disbursement this Period 53.36
City San Jose	State CA	
Zip Code 95110	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Davis Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 101 ROBINSON AVE		Amount of Each Disbursement this Period 1531.92
City BARBERTON	State OH	
Zip Code 44203	Purpose of Disbursement Printing expense	Transaction ID : D567834
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 1516 2nd Avenue		Amount of Each Disbursement this Period 104.60
City Seattle	State WA	
Zip Code 98144	Purpose of Disbursement Office supplies	Transaction ID : D567716
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 497.04
City Carol Stream	State IL	
Zip Code 60197-6416	Purpose of Disbursement Telephone expense	Transaction ID : D567718
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 528.74
City Carol Stream	State IL	
Zip Code 60197-6416		
Purpose of Disbursement Telephone expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 15.00
City Washington	State DC	
Zip Code 20515		
Purpose of Disbursement Gifts for supporters		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address B-218 Longworth		Amount of Each Disbursement this Period 554.80
City Washington	State DC	
Zip Code 20515		
Purpose of Disbursement Gifts for supporters		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Trattoria Alberto</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 506 8th St SE		Amount of Each Disbursement this Period 432.30
City Washington	State DC	
Zip Code 20003-2834	Purpose of Disbursement Meal	Transaction ID : D567771
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	93015.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 91	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TIM RYAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United Way of Trumbull County</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 3601 Youngstown Road SE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D567915</b>
City Warren	State OH Zip Code 44484-2832	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00